



Program Registration and Permission Form

(Please complete both sides)

Today's Date: _____ New Participant?: _____ Returnee?: _____ Participant Since _____/200 _____

Youth Information

Name: _____ Gender: _____ Female _____ Male
(First, Last)

Address: _____ City: _____ State: _____ Zip Code: _____

Birth Date (____/____/____) School: _____ Grade Level: _____

Parent/Legal Guardian: _____ Relationship: _____
(First, Last)

E-mail Address: _____ Phone(work): _____ (home) _____ (cell) _____

I am registering through: Rec Department: _____ Youth Organization: _____ On my own: _____

Participation Consent Form completed by: _____ Mother _____ Father _____ Legal Guardian

Ethnicity: _____ African-American _____ Asian-American _____ Caucasian _____ Hispanic
_____ Native-American _____ Pacific-Islander _____ Other _____ I do not wish to respond

Health and Emergency Information:

Please list any allergies, disabilities or other health issues that we should know about: _____

Emergency Contact: _____ Relationship/Phone#:: _____
(if parent/guardian cannot be reached)

Alt Emergency Contact: _____ Relationship/Phone#: _____

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by The First Tee Chapter representatives. I hereby give permission to the medical personnel selected by The First Tee Chapter representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

Parent/Guardian Initials: _____

Equipment

I understand that any golf equipment received for use is the property of The First Tee program, and may be returned at the discretion of The First Tee facility upon the termination of the participant's involvement in the program.

Parent/Guardian Initials: _____

Media Release

I hereby give The First Tee Chapter, Headquarters Office and participating agencies permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or informational purposes.

Parent/Guardian Initials: _____



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Program Selection and Payment

Session Number(s): _____ Date: _____ Time: _____ Location: _____

Additional Session Number(s): _____ Date: _____ Time: _____ Location: _____

Amount of Golf Experience: None: _____ Very Little: _____ Moderate: _____ Quite a Bit: _____ A lot: _____

Total Amount Due (see table below): _____ Amount Paid: _____

Payment Type: please circle: Check (made out to *The First Tee of the Seacoast*) MasterCard Visa Debit

Credit/Debit Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Registration forms must be received two weeks prior to the session. Space is limited and will be filled on a first come, first served basis. Payment must be received to confirm your spot.

COST OF SESSIONS	One Session	Two Sessions	Three sessions	Four Sessions	Six Sessions
PAR or BIRDIE 3-day session	\$75	\$125	\$200	\$250	\$300
SNAG (Ages 5-7)	\$10	N/A	\$25	N/A	N/A

Note: Multiple session discounts only apply when signing up for all sessions at the same time.

I, the parent/legal guardian of the above named youth, give approval for participation in The First Tee sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless The First Tee Chapter and Headquarters Office from claim(s) of any nature arising from any activity, including transportation, connected with The First Tee facility or program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of The First Tee Chapter or Headquarters Office, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to The First Tee Chapter and Headquarters Office communicating information regarding my child's participation via the internet.

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____

Witness Signature: _____ Date: _____

Please Print Name: _____

After completing this form, please mail it to the address (see bottom of page) or drop it off at the Sagamore Golf Center at the same address. Thank you!

OFFICE USE ONLY:

Amt Paid: _____ Payment Type: Check #: _____ Credit: _____ Debit: _____

Log: _____ TFT DB: _____

The First Tee of the Seacoast
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603-964-3033

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